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BQA Memo 05-003

To: Adult Family Homes
Community Based Residential Facilities
Residential Care Apartment Complexes

AFH – 02
CBRF – 02
RCAC – 02

From: Kevin Coughlin, Chief, Assisted Living Section

Via: Cris Ros-Dukler, Director, Bureau of Quality Assurance

DESTRUCTION OF MEDICATIONS

ISSUE

Questions have come up about the appropriate times to destroy medications in assisted living facilities.

RESPONSE

Community-Based Residential Facility (CBRF)

Please refer to [BQA memo 00-038](#) about destroying controlled substances. The U.S. Drug Enforcement Agency (DEA) does not oversee assisted living facilities, therefore, the destruction requirements to contact the DEA, found in Wis. Admin. Code § HFS 83.33(3)(j)1, do not apply.

In addition to controlled substances regulations for CBRFs, § HFS 83.33(3)(j) provides requirements for destroying medications when the facility has responsibility for controlling and administering those medications. The requirements stipulate that destruction must occur within 72 hours after any of the following occurs: (1) the medication is stopped; (2) the resident dies; (3) the medication expires; (4) medication integrity is lost or compromised; (5) when a resident is discharged.

Two situations have historically caused problems regarding the destruction of medications. The first is when a physician holds or stops a medication for a short time due to a medical procedure or some other clinical reason. Some facilities have interpreted the “hold medication” order as a stop and have proceeded to destroy the medication only to find out that the medication is restarted a few days later. This is costly and unnecessary. When a medication is placed on a temporary hold, the facility does not have to destroy the medication within 72 hours. If facility staff feel that the

medication may be restarted, a physician's order to hold the medication for 30 days should be obtained. Additionally, CBRFs should establish a policy and procedure to store medications that are on hold separately from medications currently being used.

The second situation involves the discharge of a resident. Current regulations require destroying medications when a resident is discharged. However, the regulations also require discharge planning and making sure that care is coordinated with the receiving facility. Discharge planning includes the transfer of a resident's medications. If the resident is continuing the medication, then the medications available for that resident may be sent along with that resident and need not be destroyed. However, if the medications have actually been discontinued and will not be used, then they need to be destroyed within 72-hours. The Department recommends that facilities develop a policy and procedure to address situations where medications are sent with a discharged resident to a new location. These policies and procedures should include a way to document and verify which medications were sent with the discharged resident.

Residential Care Apartment Complexes (RCAC)

An RCAC that is providing medication management to its tenants shall provide the tenant with information on policies related to medication safety including the destruction of discontinued medications.

Adult Family Homes (AFH)

An AFH that is assisting residents with medications, including proper storage, shall have a policy to address storage and destruction of discontinued medications.